

Case Number:	CM14-0138332		
Date Assigned:	09/05/2014	Date of Injury:	02/28/1999
Decision Date:	10/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 64-year-old female was reportedly injured on February 28, 1999. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of neck pain radiating to the upper extremities with weakness in the hands as well as numbness in the feet. The physical examination demonstrated decreased cervical and lumbar spine range of motion with pain. Muscle strength was 5/5 in the upper and lower extremities with intact sensation and normal reflexes. Diagnostic imaging studies of the cervical spine showed significant arthritic changes. An MRI the cervical spine revealed disc herniations at C3-C4, C5-C6 and C6-C7. A lumbar spine MRI revealed a spondylolisthesis of L4 on L5 with stenosis and degenerative disc disease at L5-S1. Previous treatment included a lumbar spine L5-S1 laminectomy and a subsequent L4 through S1 fusion. A request had been made for an anterior cervical discectomy and fusion, a three day hospital stay, and medical clearance and was non-certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

C3-7 Anterior Cervical Discectomy and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The California/ACOEM recommendations support discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression and who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate nonoperative treatment. The progress note dated May 19, 2014, did not indicate the presence of a radiculopathy nor were there findings of nerve root compression on MRI. Considering this, the request for an anterior cervical discectomy and fusion is not medically necessary.

3 Day Hospital Length: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Hospital Length of Stay, Updated August 22, 2014

Decision rationale: As the accompanying request for cervical spine surgery has been determined not to be medically necessary, the request for 3 day hospital stay is also not medically necessary.

Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Preoperative Screening, General, Updated August 22, 2014

Decision rationale: As the accompanying request for a cervical spine surgery has been determined not to be medically necessary, the medical clearance is also not medically necessary.